

**APPLICATION FOR NAVY CONTRACT POSITIONS
THIS IS NOT A CIVIL SERVICE POSITION
CT-03-03 10 FEB 2003**

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE 25 FEBRUARY 2003. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
1681 NELSON STREET, ATTN: CODE 05, 21T
FORT DETRICK, MD 21702-5015
Ph: 301-619-3124

E-MAIL: acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: CODE: 21T

A. NOTICE. This position is set aside for an individual Obstetrics and Gynecology Physician only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS:

1. **Obstetrics and Gynecology Physician.** The Government is seeking to place under contract an individual who (a), possesses a Doctorate Degree in Medicine, (b) possesses a Board Certification in OB-GYN as determined by the American Board of Obstetrics and Gynecology (ABOG), and (c) possesses a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, and the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual must also (1) meet all the requirements contained herein and (2), competitively win this contract award (Sections D. and E.).
2. Services shall be provided at the Naval Medical Center (NMC), Portsmouth VA. You may be required to temporarily rotate among Military Treatment Facilities (MTFs) as deemed necessary by the Commander.
3. You shall be on duty in the assigned clinical areas located at Naval Medical Center, Portsmouth and Branch Medical Clinics, for 42.5 hours each week. The health care worker shall normally provide services between the hours of 0700 and 1630 (includes an uncompensated 1 hour for lunch) Monday through Friday throughout the term of the contract. Specific hours will be scheduled by the Commander. The health care worker shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other duties, except shifts subsequent to the watch standing requirement, specified in the paragraph below.
4. Unscheduled services may be required at any time during the day or night, including weekends and holidays, and are to be provided on a watch standing basis. You shall rotate watch standing with other OB/GYN Physicians from the Obstetrics and Gynecology Department, including Navy and other contract OB/GYN Physician. The watch standing physician shall be present at the medical center at all times. Watch standing can be expected to occur commensurate with that of other military and civilian physicians. These services will be stood weekdays from the end of normal working hours until 0700 the following morning, and on weekends and federal holidays from 0900 to 0900 the following day (a 24-hour period). The physician will be assigned a cellular phone or a beeper to facilitate provisions of these services. Replacement costs if these are lost or damaged through negligence shall be borne by the physician. Assignment of these watches will be according to the watch bill that will be published at least 10 days prior to the physician being assigned a duty period. The watch bill is the responsibility and prerogative of the Commander or his/her designated representative.
5. You shall accrue eight hours of leave at the end of every 2 week period worked. Unless assigned watch standing duties as described above, services of the physician shall not be required on the following federally established paid

holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. The health care worker will be compensated by the Government for these periods of planned absences.

6. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of "Commander" means: Commander, Naval Medical Center, Portsmouth, VA or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker is serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are **not** required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. DUTIES AND RESPONSIBILITIES. You shall perform a full range of Obstetrics and Gynecology Physician services, within the scope of this statement of work, on site using government furnished supplies, facilities and equipment within the assigned unit of the hospital. Workload occurs as a result of scheduled and unscheduled requirements for care.

Administrative and Training Requirements. You shall:

1. Participate in peer review and performance improvement activities.
2. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.
3. Provide training and/or direction as applicable to supporting employees (e.g. hospital corpsmen, technicians, medical assistants, students, etc.) assigned to the health care worker during the performance of duties. Such direction and interaction will adhere to government and professional clinical standards and accepted clinical protocol.
4. Complete continuing education to meet his or her own professional growth and specialty standards.
5. Attend annual renewal of hospital provided annual training such as family advocacy, disaster training, infection control, sexual harassment, bloodborne pathogens and other courses as directed.
6. Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. These meetings will occur at the health care worker's normal work site or in other Government medical facilities in the Tidewater area.
7. Participate in the implementation of the Family Advocacy Program as directed.

8. Perform necessary administrative duties which include maintaining statistical records of the health care worker's workload, operate and manipulate automated systems such as Composite Health Care System (CHCS).
9. Participate in clinical staff quality assurance functions and clinic Performance Improvement/Risk Management programs as prescribed by the Commander.
10. The physician shall direct supporting Government employees assigned to them during the performance of clinical procedures. The physician shall perform administrative duties which include maintaining statistical records of his or her clinical workload, participating in obstetrical gynecological education programs, preparing documentation for promotional boards, and participating in clinical staff quality improvement functions as prescribed by the Commander.

STANDARD DUTIES. You shall perform a full range of obstetrics and gynecological procedures on site, using Government furnished facilities, equipment and supplies. Routine workload is scheduled by the medical treatment facility (MTF). Primary workload is a result of appointments scheduled through the MTF's central appointment system. Secondary workload is a result of consultation requests submitted to the facility by other staff health care providers. Actual physician clinical activity will be a function of the Commander Naval Medical Center's credentialing process and the overall demand for maternal/fetal medicine and OB/GYN services. Physician productivity is expected to be comparable to that of other OB/GYN Physicians assigned to the same facility and authorized the same scope of practice. The health care worker shall:

1. Provide special knowledge, skills and professional capabilities in medical and surgical care of the female reproductive system and associated disorders, such that it distinguishes them from other physicians and enables them to serve as consultants to other physicians and as a primary physician for women.
2. Diagnose and manage clinical problems associated with women's health.
3. Obtain a pertinent medical history and conduct a physical examination of each patient presenting herself for treatment.
4. Interpret gross and microscopic pathology, x-ray films, sonograms and related material from photographic slides.
5. Coordinate with other departments of the medical center staff to provide complete care to obstetric and gynecological patients.
6. Perform independently, major gynecological operations.
7. Manage independently, spontaneous and operative obstetric deliveries.
8. Evaluate and treat abnormal Pap Smears.
9. Arrange admission of seriously ill obstetrics and gynecology patients to the hospital and act as attending physician.
10. Provide Family Planning Services by providing a recorded plan to the patient.
11. Supervise care delivered by residents and other house staff as requested by the Commander.
12. Provide inpatient obstetrical and gynecological care.
13. At the request of authorized personnel, respond to emergencies inside the MTF.
14. Provide and document medical advice to patients by telephone as appropriate and in accordance with the MTF protocol.

15. Credentialing and Privileging Requirements.

15.1. Upon award, the health care worker shall complete an Individual Credentials File (ICF) prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66C, Section 4 and Appendices B and R detail the ICF requirements. A copy of this instruction may be obtained from the World Wide Web at: <http://www.nmlc.med.navy.mil/Code02/contractorinfo.htm>.

15.2. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Possess a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).
2. Possess board certification in Obstetrics and Gynecology as determined by the American Board of Obstetrics and Gynecology (ABOG).
3. Experience as an OB/GYN physician of at least 12 consecutive months immediately preceding contract start.
4. Possess a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, and the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. Physicians, not currently in possession of a medical license from the Commonwealth of Virginia, must acquire and maintain a valid license, at no cost to the Government, from the Commonwealth within 120 days after contract award.
5. Have documentation of current Drug Enforcement Agency number. Physicians, not currently in possession of a narcotics license from the Commonwealth of Virginia, must acquire and maintain a valid license, at no cost to the Government, from the Commonwealth within 120 days after contract award.
6. Possess current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.
7. Provide two letters of recommendation from practicing obstetricians and/or gynecologists attesting to your clinical skills. Reference letters must have been written within the preceding 5 years and include name, title, phone number, date of reference, address and signature of the individual providing reference.
8. Possess U.S. employment eligibility per Attachment 001, Item IX. No alien shall be allowed to perform under this contract in violation of the Immigration Laws of the United States.
9. Represent an acceptable malpractice risk to the Navy. (Attachment 001, Page 1, Para 5).
10. Submit a fair and reasonable price, which has been accepted by the Government.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum

qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following enhancing criteria, listed in descending order of importance. The "Personal Qualifications Sheet", Letters of Recommendation, and, if you have prior military services, the DD Form 214, shall be used to evaluate these items.

1. Experience, both quantity and quality as it relates to the duties contained herein, then,
2. The letters of recommendation required in item D.7. above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc., then,
3. Prior medical experience in a DoD facility, then,
4. Additional medical certifications or licensure, then,
5. Total Continuing Education hours obtained within the preceding 5 years.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed "Personal Qualifications Sheet – Obstetrics & Gynecology Physician" (Attachment 001).
2. _____ A completed Pricing Sheet (Attachment 002).
3. _____ Proof of employment eligibility (Attachment 003).
4. _____ Two or more letters of recommendation per paragraph D.7., above.
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 004)
6. _____ Small Business Representation (Attachment 005)

*Please answer every question on the "Personal Qualifications Sheet –Obstetrics & Gynecology Physician". Mark "N/A" if the item is not applicable.

G. OTHER INFORMATION FOR OFFERORS.

An Individual Set Aside Contract HANDBOOK is available at <http://www-nmlc.med.navy.mil> under **Public Access/Handbooks.**, or can be requested from aquisitions@nmlc.med.navy.mil, Code 21T, or call 301-619-3124. This handbook may be of assistance to you in explaining requirements detailed in this package.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998, all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 004 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even thou you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-

333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System (NAICS) code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this service is: 621112.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC (301-619-3124). Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 002, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to Naval Medical Logistics Command, Code 21T, who may be reached at (301) 619-3124.

We look forward to receiving your application.

ATTACHMENT 001

PERSONAL QUALIFICATIONS SHEET – OBSTETRICS & GYNECOLOGY PHYSICIAN

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on Sections D. and E. of the solicitation. **In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item VIII of this attachment.**
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education, Professional Registration, Experience, Personal and Professional Information Sheet, continuing education certificates, and employment eligibility documentation. If you submit false information, the following actions may occur (a), your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that your are no longer eligible for future Government contracts and/or (b), you may loose your clinical privileges.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever been the subject of a malpractice claim?
(indicate final disposition of case in comments) | ___ | ___ |
| 2. Have you ever been a defendant in a felony or misdemeanor case?
(indicate final disposition of case in comments) | ___ | ___ |
| 3. Has your license or certification to practice ever been revoked or
restricted in any state? | ___ | ___ |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)

PERSONAL QUALIFICATIONS SHEET – OBSTETRICS & GYNECOLOGY PHYSICIAN**I. General Information**

Name: _____ SSN: _____

Last First Middle

Address: _____

Phone: () _____

II. Medical School (Section D, Item 1)

Name & Location of Accredited School	Dates of Training (from) (to)
_____	_____
_____	_____
_____	_____

III. Board Certification (Section D, Item 2)

_____ (mm/dd/yy) Date of Board Certification

IV. Professional Employment: List your current and preceding employers. Experience as an Obstetrics & Gynecology Physician of at least 12 consecutive months immediately preceding contract start. Provide dates as month/year. **(Section D, Item 3).**

Name and Address of Present Employer **From** **To**

(1) _____

Work Performed:**Names and Addresses of Preceding Employers****From** **To**

(2) _____

Work Performed:**From** **To**

(3) _____

Are you are currently employed on a Navy contract? If so, where is your current contract and what is the position?

V. Professional Licensure (License must be current, valid, and unrestricted) **(Section D, Item 4)**

_____(State) Date of Expiration: _____(mm/dd/yy)
 _____(State) Date of Expiration: _____(mm/dd/yy)
 _____(State) Date of Expiration: _____(mm/dd/yy)

VI. Drug Enforcement Agency (DEA) **(Section D, Item 5)**

_____ DEA Number Date of Expiration: _____(mm/dd/yy)

VII. Basic Life Support Level C **(Section D, Item 6):** Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card:
 Expiration Date: _____(mm/dd/yy)

VIII. Professional References **(Section D, Item 7):**

Provide two letters of recommendation.

IX. Employment Eligibility **(Section D, Item 8):**

Yes **No**

Do you meet the requirements for U.S. Employment
 Eligibility contained in Attachment 003?

X. Approved Continuing Education **(Factor for Award):**

Title Of Course	Course Dates	CE Hrs

XI. Additional Medical Certifications or Licensure **(Factor for Award)**

Type of Certification or License and Date of Certification or Expiration

XII. I hereby certify the above information to be true and accurate:

_____ (mm/dd/yy)

 (Signature) (Date)

ATTACHMENT 002

PRICING SHEET
PERIOD OF PERFORMANCE

Services are required from 10 March 2003 through 30 September 2003. Four option periods will be included which will extend services through 09 March 2008, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Obstetrics & Gynecology Physicians in the Portsmouth, VA area. **The hourly price includes consideration for the following taxes and insurance that are required:**

(a) Please note that if you are awarded a Government contract position, **you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

Line Item	Description	Quantity	Unit	Unit Price	Total Amount
0001	The offeror agrees to perform on behalf of the Government, the duties of one Obstetrics & Gynecology Physician at the Naval Medical Center, Portsmouth, VA in accordance with this application and the resulting contract.				
0001AA	Base Period; 10 Mar 03 thru 30 Sep 03	1176	Hour	_____	_____
0001AB	Option Period I; 1 Oct 03 thru 30 Sep 04	2096	Hour	_____	_____
0001AC	Option Period II; 1 Oct 04 thru 30 Sep 05	2088	Hour	_____	_____
0001AD	Option Period III; 1 Oct 05 thru 30 Sep 06	2080	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 06 thru 30 Sep 07	2080	Hour	_____	_____

0001AE	Option Period IV; 1 Oct 07 thru 09 Mar 08	912	Hour	_____	_____
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TOTAL CONTRACT _____

Printed Name _____

Signature _____ Date _____

ATTACHMENT 003**LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A****LIST A****Documents that Establish Both Identity and Employment Eligibility**

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C**LIST B****Documents that Establish Identity**

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
3. School ID card with a photograph

LIST C**Documents that Establish Employment Eligibility**

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county,

municipal authority or outlying

4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above;
10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

possession of the United States bearing an official seal

4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

ATTACHMENT 004**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html>. If you do not have internet access, please contact (301) 619-3124 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 21T
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

E-Mail Address: _____

ATTACHMENT 005

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application, this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses, please provide the additional information requested below.

NOTE: This information will not be used in the selection process, nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

☐ Black American.

☐ Hispanic American.

☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).

☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).

☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).